

## United States Patent and Trademark Office

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### NOTICE OF ALLOWANCE AND FEE(S) DUE

5W

7590

11/30/2004

Andrew R. Basile YOUNG & BASILE, P.C. Suite 624 3001 West Big Beaver Rd. Troy, MI 48084-3107

|          | EXAMINER     |
|----------|--------------|
| Н        | OOK, JAMES F |
| ART UNIT | PAPER NUMBER |

3754

DATE MAILED: 11/30/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/765,782      | 01/19/2001  | Guido M. Campagna    | (AC 055) ITT-446-B  | 1375             |

TITLE OF INVENTION: CORROSION RESISTANT METAL TUBE AND PROCESS FOR MAKING THE SAME

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1370    | \$300           | \$1670           | 02/28/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be

| indicated unless corrected be<br>maintenance fee notifications                                                                                                                                                                    | espondence including the legion or directed otherwise s.                                                                                                                 | in Block 1, by (a) spe                                                                                                                                   | and notification<br>ecifying a new co                                                   | of maintenance fees<br>prespondence addres                                                                                                                                                                                                                                                    | will be mailed to the current<br>s; and/or (b) indicating a sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | correspondence address as arate "FEE ADDRESS" for                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 11/30/2004                                                                                                                                     |                                                                                                                                                                          |                                                                                                                                                          |                                                                                         | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |  |
| Andrew R. Basile<br>YOUNG & BASILI<br>Suite 624<br>3001 West Big Beau                                                                                                                                                             | ver Rd.                                                                                                                                                                  |                                                                                                                                                          |                                                                                         | C                                                                                                                                                                                                                                                                                             | ertificate of Mailing or Transthis Fee(s) Transmittal is bein with sufficient postage for fir all Stop ISSUE FEE address PTO (703) 746-4000, on the control of the control | smission<br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>late indicated below.        |  |
| Troy, MI 48084-310                                                                                                                                                                                                                | 07                                                                                                                                                                       | •                                                                                                                                                        |                                                                                         | <u> </u>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Depositor's name)                                                                                                                   |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                          |                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Signature)                                                                                                                          |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                          |                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Date)                                                                                                                               |  |
| APPLICATION NO.                                                                                                                                                                                                                   | FILING DATE                                                                                                                                                              | FIRST                                                                                                                                                    | NAMED INVENT                                                                            | °OR                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONFIRMATION NO.                                                                                                                     |  |
| 09/765,782                                                                                                                                                                                                                        | 01/19/2001                                                                                                                                                               | Gu                                                                                                                                                       | ido M. Campagn                                                                          | a                                                                                                                                                                                                                                                                                             | (AC 055) ITT-446-B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1375                                                                                                                                 |  |
| TITLE OF INVENTION: CO                                                                                                                                                                                                            | SMALL ENTITY                                                                                                                                                             | ISSUE FEE                                                                                                                                                | <b>,</b>                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                          | PUI                                                                                     | BLICATION FEE                                                                                                                                                                                                                                                                                 | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE DUE                                                                                                                             |  |
| nonprovisional                                                                                                                                                                                                                    | NO                                                                                                                                                                       | \$1370                                                                                                                                                   |                                                                                         | \$300                                                                                                                                                                                                                                                                                         | \$1670<br>_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 02/28/2005                                                                                                                           |  |
| EXAMI                                                                                                                                                                                                                             | NER                                                                                                                                                                      | ART UNIT                                                                                                                                                 | CL                                                                                      | ASS-SUBCLASS                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |  |
| HOOK, JA                                                                                                                                                                                                                          | MES F                                                                                                                                                                    | 3754                                                                                                                                                     |                                                                                         | 138-137000                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |  |
| "Fee Address" indication                                                                                                                                                                                                          | nce address (or Change of C<br>) attached.<br>on (or "Fee Address" Indicat<br>more recent) attached. Use                                                                 | Correspondence (1) or ion form reg of a Customer 2 re                                                                                                    | the names of up<br>agents OR, altern<br>the name of a si                                | ngle firm (having as<br>or agent) and the nan<br>attorneys or agents. It                                                                                                                                                                                                                      | a member a 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |  |
| 3. ASSIGNEE NAME AND F PLEASE NOTE: Unless a recordation as set forth in 3  (A) NAME OF ASSIGNEE                                                                                                                                  | n assignee is identified bel<br>7 CFR 3.11. Completion of                                                                                                                | ow, no assignee data w<br>f this form is NOT a sub                                                                                                       | vill appear on the<br>bstitute for filing                                               |                                                                                                                                                                                                                                                                                               | nee is identified below, the do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ocument has been filed for                                                                                                           |  |
| Please check the appropriate as                                                                                                                                                                                                   | ssignee category or categori                                                                                                                                             | es (will not be printed o                                                                                                                                | on the patent):                                                                         | ☐ Individual ☐ C                                                                                                                                                                                                                                                                              | orporation or other private gro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | un entity                                                                                                                            |  |
| la. The following fee(s) are en                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                          | nent of Fee(s):                                                                         |                                                                                                                                                                                                                                                                                               | , Broad Bro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - Southment                                                                                                                          |  |
| Issue Fee                                                                                                                                                                                                                         |                                                                                                                                                                          | □ A                                                                                                                                                      | check in the amo                                                                        | ount of the fee(s) is er                                                                                                                                                                                                                                                                      | nclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                          | Payment by credit card. Form PTO-2038 is attached.                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |  |
| Advance Order - # of C                                                                                                                                                                                                            | opies                                                                                                                                                                    | Depos                                                                                                                                                    | he Director is he<br>sit Account Num                                                    | reby authorized by c                                                                                                                                                                                                                                                                          | harge the required fee(s), or o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | credit any overpayment, to                                                                                                           |  |
| . Change in Entity Status (fi                                                                                                                                                                                                     |                                                                                                                                                                          |                                                                                                                                                          |                                                                                         |                                                                                                                                                                                                                                                                                               | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |  |
| a. Applicant claims SM                                                                                                                                                                                                            |                                                                                                                                                                          |                                                                                                                                                          | Applicant is no l                                                                       | onger claiming SMA                                                                                                                                                                                                                                                                            | LL ENTITY status. See 37 CF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R 1.27(g)(2).                                                                                                                        |  |
| The Director of the USPTO is NOTE: The Issue Fee and Pubnterest as shown by the record                                                                                                                                            | requested to apply the Issue<br>lication Fee (if required) wi<br>is of the United States Paten                                                                           | Fee and Publication Fe<br>Il not be accepted from<br>t and Trademark Office                                                                              | ee (if any) or to re<br>anyone other tha                                                | -apply any previousl<br>n the applicant; a reg                                                                                                                                                                                                                                                | y paid issue fee to the applicat<br>istered attorney or agent; or the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ion identified above.<br>e assignee or other party in                                                                                |  |
| Authorized Signature                                                                                                                                                                                                              |                                                                                                                                                                          |                                                                                                                                                          |                                                                                         | Date                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |  |
| Typed or printed name                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                          |                                                                                         | Registration                                                                                                                                                                                                                                                                                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |  |
| his collection of information in application. Confidentiality ubmitting the completed applions form and/or suggestions for the confidentiality. Alexandria, Virginia Llexandria, Virginia 22313-14. Under the Paperwork Reduction | is required by 37 CFR 1.31) is governed by 35 U.S.C. 1 ication form to the USPTO or reducing this burden, shot a 22313-1450. DO NOT SI 50.  n Act of 1995, no persons at | . The information is rec<br>22 and 37 CFR 1.14. T<br>Time will vary depend<br>uld be sent to the Chief<br>END FEES OR COMPI<br>re required to respond to | quired to obtain of his collection is of ding upon the inc. Information Off LETED FORMS | r retain a benefit by t<br>estimated to take 12 i<br>lividual case. Any co<br>cer, U.S. Patent and<br>TO THIS ADDRESS<br>information unless it a                                                                                                                                              | he public which is to file (and<br>minutes to complete, including<br>mments on the amount of tim<br>Trademark Office, U.S. Depa<br>B. SEND TO: Commissioner for<br>displays a valid OMB control r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, |  |



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.                     | CONFIRMATION NO.                                                          |
|-------------|----------------------|-----------------------------------------|---------------------------------------------------------------------------|
| 01/19/2001  | Guido M. Campagna    | (AC 055) ITT-446-B                      | 1375                                                                      |
| 11/30/2004  | ,                    | EXAM                                    | INER                                                                      |
| P.C.        |                      | ноок, ј                                 | AMES F                                                                    |
| n I         |                      | ART UNIT                                | PAPER NUMBER                                                              |
| Ka.         |                      | 3754                                    |                                                                           |
|             | 01/19/2001           | 01/19/2001 Guido M. Campagna 11/30/2004 | 01/19/2001 Guido M. Campagna (AC 055) ITT-446-B 11/30/2004 EXAM P.C.  Rd. |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.